

# Wisconsin Department of Regulation & Licensing

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### VERIFICATION OF ATHLETE AGENT REGISTRATION

**SECTION I** - Applicant is to complete this section and forward form to registration agency that is to complete Section II. Please print or type all information.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Type of Credential: \_\_\_\_\_

Original State of Licensure: \_\_\_\_\_ Credential Number: \_\_\_\_\_

**SECTION II** - The Registration Agency is to complete Section II and return this form to the Department of Regulation and Licensing.

**A. The above-named individual was registered as an athlete agent:**

\_\_\_\_\_  
credential/license number

\_\_\_\_\_  
date issued

\_\_\_\_\_  
valid until

**B. Has the applicant been continuously licensed?**

☐ Yes

☐ No

If no, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Is there any disciplinary action pending or was any formal disciplinary action ever taken against the above-named individual?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide certified copies of any disciplinary action taken.

COMPLETED BY \_\_\_\_\_

TITLE \_\_\_\_\_

STATE \_\_\_\_\_

DATE \_\_\_\_\_

(BOARD SEAL)